

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
APPLICATION

FILING DATE

10/53/825

11/18/85

105

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1		8			
3	1		8			
4	1		8			
5	1		8			
6	1		8			
7	1		8			
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27	1		8			
28	1	1				
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48						
49						
50						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	924	←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						